

State of California

**Documentation of Disabled Veteran Business Enterprise Program Requirements**

CDE Form DVBE1 (10-03)

**Designation Of Option** Check the appropriate box(es) to indicate the selected option(s) complete the applicable sections and attach the required supporting documentation. Read all instructions carefully prior to completing this form. Remember that only California certified DVBEs who can provide related goods and/or services may be used to satisfy these solicitation requirements.

☐ **OPTION A – I commit to meeting the full DVBE contract participation requirement.**

Complete Section A below.

☐ **OPTION B – I performed and documented a Good Faith Effort (GFE) in an attempt to obtain DVBE participation.**

Complete Section A below for GFE Steps 4 & 5 and Section B (page 2) for GFE Steps 1–3.

**A. Full information must be provided.**

**For contract participation commitment**, at least one DVBE must be listed. DVBEs must perform a commercially useful function. List the specific goods and/or services with the percentage value that the DVBE(s) commits to provide. Attach additional pages to list all other DVBE subcontractors/suppliers. During contract performance, all requests for substituting named DVBEs must be made in accordance with the provisions of 2CCR, Section 1896.64(c).

**For Good Faith Effort (GFE)**, use this section to document your first completed contacts with (Step 4), and consideration of (Step 5) relevant DVBEs. Business reasons for non-selection must be documented. Attach additional pages (use page 3) to list all other DVBE contacts. Copies of all written invitations, delivery/receipt confirmations and copies of web searches must also be attached and submitted with the bid.

Date Contacted	DVBE Company Name & OSDC Reference #		
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DVBE Contact Name	Telephone Number (    )	FAX Number (    )	E-mail (if available)
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Street Address, City, State and Zip Code			
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<b>OR</b>	<input type="checkbox"/> <b>Yes, I am a DVBE or will subcontract with the listed DVBE to provide the following goods and/or services:</b>		
	Specific Goods and/or Services		% of Prime Contract _____ %
	<input type="checkbox"/> <b>No, I am unable to subcontract with the DVBE for the following business reason:</b>		

Date Contacted	DVBE Company Name & OSDC Reference #		
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DVBE Contact Name	Telephone Number (    )	FAX Number (    )	E-mail (if available)
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Street Address, City, State and Zip Code			
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<b>OR</b>	<input type="checkbox"/> <b>Yes, I will subcontract with the listed DVBE to provide the following goods and/or services:</b>		
	Specific Goods and/or Services		% of Prime Contract _____ %
	<input type="checkbox"/> <b>No, I am unable to subcontract with the DVBE for the following business reason:</b>		

**ATTACH ADDITIONAL PAGES (use page 3) TO LIST ALL OTHER DVBE CONTACTS**

Go to page 2, Section B to continue Good Faith Effort documentation

State of California

**Additional Disabled Veteran Business Enterprise Contacts**

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**B.**

**Documentation of Good Faith Effort Steps 1, 2 and 3**—Remember to carefully read all instructions prior to completing this form. Please refer to the Resources & Information page for detailed contact information and a sample advertisement format

**STEP 1. Contact the CDE** at (916) 322-3035 for assistance with identifying potential DVBE subcontractors/suppliers, **and document this contact as required.**

Date Contacted	Contact Name	Telephone Number (   )
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Describe Result

**STEP 2. Contact all of the following and document contacts as required:** Other state and federal agencies and local organizations to identify potential DVBE subcontractors/suppliers. Attach copies of online database searches.

**Other State Agency** – Procurement Division, OSDC, Certification Office

Phone Contact <b>OR</b> Online Search	Date	Telephone Number <b>(916) 322-5060</b> <b>(916) 375-4940</b>	Contact Name	<input type="checkbox"/> I contacted the Certification Office for a list of California certified DVBEs.
	Date	Internet Address <b>http://www.pd.dgs.ca.gov/smbus</b>		<input type="checkbox"/> I searched the Certification Office's online database to identify California certified DVBEs.

Describe Result

**Federal Agency** - U.S. Small Business Administration (SBA) online database

Date	Internet Address <b>http://www.pro-net.sba.gov</b>	<input type="checkbox"/> I searched the federal online database for California DVBEs.
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Describe Result

**Local DVBE Organizations** – Contact at least one local DVBE organization—refer to the DVBE Resource Packet for a list of acceptable contacts. (<http://www.pd.dgs.ca.gov/smbus> - select "DVBE Resource Packet" )

Date	Organization Name	Contact Name	Telephone Number (   )
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Describe Result

Date	Organization Name	Contact Name	Telephone Number (   )
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Describe Result

**STEP 3. Publish advertisements:** CDE requires advertisements to be published in two separate publications, in one of the following ways: 1) in one each "Trade" and "Focus" papers; or 2) in one each "Trade" paper and a "Dual Purpose" publication; or 3) in one each "Focus" paper and a "Dual Purpose" publication; or 4) in two "Dual Purpose" publications; See the DVBE Resource Packet for a list of acceptable publications. **Attach a copy of your advertisements.**

Paper Name (list full name)	Contact Name	Telephone Number (   )
Address		Date Ad Published
Paper Name (list full name)	Contact Name	Telephone Number (   )
Address		Date Ad Published

State of California

**Additional Disabled Veteran Business Enterprise Contacts**

CDE Form DVBE1 (10-03)

This document may be used as a continuation from Section A.

Date Contacted	DVBE Company Name & OSDC Reference #		
DVBE Contact Name	Telephone Number (   )	FAX Number (   )	E-mail (if available)
Street Address, City, State and Zip Code			
OR	<input type="checkbox"/> <b>Yes, I will subcontract with the listed DVBE to provide the following goods and/or services:</b>		
	Specific Goods and/or Services		% of Prime Contract _____ %
	<input type="checkbox"/> <b>No, I am unable to subcontract with the DVBE for the following business reason:</b>		

  

Date Contacted	DVBE Company Name & OSDC Reference #		
DVBE Contact Name	Telephone Number (   )	FAX Number (   )	E-mail (if available)
Street Address, City, State and Zip Code			
OR	<input type="checkbox"/> <b>Yes, I will subcontract with the listed DVBE to provide the following goods and/or services:</b>		
	Specific Goods and/or Services		% of Prime Contract _____ %
	<input type="checkbox"/> <b>No, I am unable to subcontract with the DVBE for the following business reason:</b>		

  

Date Contacted	DVBE Company Name & OSDC Reference #		
DVBE Contact Name	Telephone Number (   )	FAX Number (   )	E-mail (if available)
Street Address, City, State and Zip Code			
OR	<input type="checkbox"/> <b>Yes, I will subcontract with the listed DVBE to provide the following goods and/or services:</b>		
	Specific Goods and/or Services		% of Prime Contract _____ %
	<input type="checkbox"/> <b>No, I am unable to subcontract with the DVBE for the following business reason:</b>		

  

Date Contacted	DVBE Company Name & OSDC Reference #		
DVBE Contact Name	Telephone Number (   )	FAX Number (   )	E-mail (if available)
Street Address, City, State and Zip Code			
OR	<input type="checkbox"/> <b>Yes, I will subcontract with the listed DVBE to provide the following goods and/or services:</b>		
	Specific Goods and/or Services		% of Prime Contract _____ %
	<input type="checkbox"/> <b>No, I am unable to subcontract with the DVBE for the following business reason:</b>		